

Effective Pay Period Number \_\_\_\_\_

Effective Pay Period Ending Date \_\_\_\_\_

## 457 Plan Enrollment Change Form

*Please return completed form to Human Resources.*

Employee Name	Employee ID Number
Department	Employee Phone Number

I would like to make a change in my contribution amount for the 457 Plan administered by:

- ☐ ICMA-RC  
☐ T. Rowe Price

I authorize a change in my per pay period contribution, amount listed below, to be deducted from my pay (specify a percentage or dollar amount):

\_\_\_\_\_ % (percent of gross pay)

**or**

\$ \_\_\_\_\_ (dollar amount per pay period)

By checking the box below, I am requesting my 457 Plan contributions stop effective with the pay period following my signature.

- ☐ Please stop my 457 ICMA-RC Plan contributions.  
☐ Please stop my 457 T. Rowe Price Plan contributions.

To enroll in the ICMA 457 Plan, please contact Emily Knox: 303-851-1869 or [eknox@icmarc.org](mailto:eknox@icmarc.org)  
To enroll in the T. Rowe Plan, please contact Amber Wright 303-441-4028 or [wrighta@bouldercolorado.gov](mailto:wrighta@bouldercolorado.gov)

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

HR \_\_\_\_\_

Date \_\_\_\_\_